

DESIGNATED PROVIDER ELEMENTS

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## SECTION 1 MCD Detail Data Record File Layout

START	END	DATA ELEMENT NAME	Length	Field Type	Hosp Svcs	Outpnt Prof Svcs	Inpnt Prof Svcs
1	4	FACILITY ID	4	Char	X	X	X
5	5	ENCOUNTER SETTING	1	Char	X	X	X
6	13	PATIENT DATE OF BIRTH	8	Date	X	X	X
14	18	PATIENT ZIP CODE	5	Char	X	X	X
19	19	PATIENT GENDER	1	Char	X	X	X
20	28	SPONSOR SSN	9	Char	X	X	X
29	30	DEERS DEPENDENT SUFFIX	2	Char	X	X	X
31	31	SPONSOR STATUS	1	Char	X	X	X
32	32	SPONSOR SERVICE	1	Char	X	X	X
33	33	EMERGENCY FLAG	1	Char		X	X
34	41	DATE OF RELATED ADMISSION	8	Date			X
42	49	DATE OF RELATED DISPOSITION	8	Date			X
50	61	UNIQUE PATIENT REFERENCE #	12	Char	X	X	X
62	70	ORDERING PHYSICIAN	9	Char		X	X
71	71	NUMBER OF SERVICES	1	Char		X	X
72	79	SVC 1 START DATE	8	Date		X	X
80	87	SVC 1 END DATE	8	Date		X	X
88	89	SVC 1 PLACE OF SERVICE	2	Char		X	X
90	102	SVC 1 PROCEDURE CODE	13	Char		X	X
103	107	SVC 1 RELATED DIAGNOSIS CODE	5	Char		X	X
108	110	SVC 1 QUANTITY	3	Char		X	X
111	118	SVC 2 START DATE	8	Date		X	X
119	126	SVC 2 END DATE	8	Date		X	X
127	128	SVC 2 PLACE OF SERVICE	2	Char		X	X
129	141	SVC 2 PROCEDURE CODE	13	Char		X	X
142	146	SVC 2 RELATED DIAGNOSIS CODE	5	Char		X	X
147	149	SVC 2 QUANTITY	3	Char		X	X
150	157	SVC 3 START DATE	8	Date		X	X
158	165	SVC 3 END DATE	8	Date		X	X
166	167	SVC 3 PLACE OF SERVICE	2	Char		X	X
168	180	SVC 3 PROCEDURE CODE	13	Char		X	X
181	185	SVC 3 RELATED DIAGNOSIS CODE	5	Char		X	X
186	188	SVC 3 QUANTITY	3	Char		X	X
189	196	SVC 4 START DATE	8	Date		X	X
197	204	SVC 4 END DATE	8	Date		X	X
205	206	SVC 4 PLACE OF SERVICE (PF16)	2	Char		X	X
207	219	SVC 4 PROCEDURE CODE	13	Char		X	X
220	224	SVC 4 RELATED DIAGNOSIS CODE	5	Char		X	X

START	END	DATA ELEMENT NAME	Length	Field Type	Hosp SVCs	Output Prof SVCs	Input Prof SVCs
225	227	SVC 4 QUANTITY	3	Char		X	X
228	235	SVC 5 START DATE	8	Date		X	X
236	243	SVC 5 END DATE	8	Date		X	X
244	245	SVC 5 PLACE OF SERVICE	2	Char		X	X
246	258	SVC 5 PROCEDURE CODE	13	Char		X	X
259	263	SVC 5 RELATED DIAGNOSIS CODE	5	Char		X	X
264	266	SVC 5 QUANTITY	3	Char		X	X
267	274	SVC 6 START DATE	8	Date		X	X
275	282	SVC 6 END DATE	8	Date		X	X
283	284	SVC 6 PLACE OF SERVICE	2	Char		X	X
285	297	SVC 6 PROCEDURE CODE	13	Char		X	X
298	302	SVC 6 RELATED DIAGNOSIS CODE	5	Char		X	X
303	305	SVC 6 QUANTITY	3	Char		X	X
306	313	HOSP SVCS ADMISSION DATE	8	Date	X		
314	314	HOSP SVCS ADMISSION TYPE	1	Char	X		
315	315	HOSP SVCS ADMISSION SOURCE	1	Char	X		
316	317	HOSP SVCS DISPOSITION STATUS	2	Char	X		
318	325	HOSP SVCS DISPOSITION DATE	8	Date	X		
326	330	PATIENT PRINCIPAL DIAGNOSIS	5	Char	X	X	X
331	335	PATIENT DIAGNOSIS 2	5	Char	X	X	X
336	340	PATIENT DIAGNOSIS 3	5	Char	X	X	X
341	345	PATIENT DIAGNOSIS 4	5	Char	X	X	X
346	350	PATIENT DIAGNOSIS 5	5	Char	X	X	X
351	355	PATIENT DIAGNOSIS 6	5	Char	X	X	X
356	360	PATIENT DIAGNOSIS 7	5	Char	X	X	X
361	365	PATIENT DIAGNOSIS 8	5	Char	X	X	X
366	370	PATIENT DIAGNOSIS 9	5	Char	X	X	X
371	374	HOSP SVCS PATIENT PRINCIPAL PROC	4	Char	X		
375	378	HOSP SVCS PATIENT PROC 2	4	Char	X		
379	382	HOSP SVCS PATIENT PROC 3	4	Char	X		
383	386	HOSP SVCS PATIENT PROC 4	4	Char	X		
387	390	HOSP SVCS PATIENT PROC 5	4	Char	X		
391	399	TAX ID OF PROVIDER ENTITY	9	Char	X	X	X
400	408	UNIQUE PROVIDER ID NUMBER	9	Char	X	X	X
409	410	MAJOR SPEC/INST TYPE	2	Char	X	X	X
411	419	PROVIDER ZIP CODE	9	Char	X	X	X
420	446	PATIENT NAME	27	Char	X	X	X
447	457	COST DATA	11	Num	X	X	X
458	463	CO-PAYMENT AMOUNT COLLECTION	6	Num	X	X	X
464	464	TRANSACTION TYPE	1	Char	X	X	X

**SECTION 2 Definition of MCD Submission Types****Selections for NQMC are based on Hospital Services**

Hospital Services are defined and reported as facility care/services provided in Inpatient Facilities that require the patient to check-in or stay the night in that institution. Examples are inpatient acute admissions, skilled care, and observation bed stays. Services provided are reported by submitting ICD-9 CM diagnosis code(s) and ICD-9 CM procedure code(s). It is not necessary to report each lab, x-ray, or similar type services.

Inpatient Professional Services are defined as provider (usually physician) professional charges associated with an Inpatient Facility stay. These services include physician services such as radiologist, pathologist, and anesthesiologist. Additionally, the attending physician, specialist, and/or surgeon will also submit professional charges associated with providing care to the patient while in the inpatient setting. Services reported in this category are identified by ICD-9 CM diagnosis code(s) and CPT-4 and/or HCPCS procedure codes to define the services/care provided.

Outpatient Professional Services cover a broader range of care/services. This category encompasses all charges for care/services and for physician professional charges that are provided in all settings other than inpatient admissions. Some examples of care/services reported in this category are outpatient surgery (both hospital based and free standing), outpatient laboratory, outpatient x-rays, outpatient therapies, and physician/clinic visits. Services provided are reported in this category by ICD-9 CM diagnosis code(s) and CPT-4 and/or HCPCS procedure codes to define the services/care provided.

## SECTION 3 MCD Detail Data File Layout Descriptions

<b>DATA ELEMENT NAME:</b>	CO-PAYMENT AMOUNT COLLECTED
<b>DEFINITION:</b>	MONEY COLLECTED FROM THE BENEFICIARY FOR AN EPISODE OF CARE
<b>FIELD TYPE/LENGTH:</b>	NUM ( 6 )
<b>BEGIN POSITION:</b>	458
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b> RIGHT JUSTIFIED, ZERO FILLED. THIS IS THE AMOUNT COLLECTED BY THE FACILITY'S REPRESENTATIVE FOR THIS EPISODE OF CARE, WHETHER AN OUTPATIENT SURGERY, OR AN OFFICE VISIT. IT IS UNDERSTOOD THAT A DECIMAL WILL BE PLACED BETWEEN THE SECOND AND THIRD POSITIONS FROM THE RIGHT (EXAMPLE: 046000, WILL BE READ AS \$460.00).
<b>VALID VALUES:</b>	'I' TRANSACTION TYPE 000000 - 999999 'F' TRANSACTION TYPE 000000

<b>DATA ELEMENT NAME:</b>	COST DATA
<b>DEFINITION:</b>	THE FACILITY'S TOTAL CHARGES GENERATED BY OR BILLED TO THE FACILITY FOR SERVICES RENDERED FOR ONE FULL EPISODE OF CARE. ("I" CODE AND ASSOCIATED "F" CODE TRANSACTION TYPE COMBINED, EQUAL ONE FULL EPISODE OF CARE).
<b>FIELD TYPE/LENGTH:</b>	NUM ( 11 )
<b>BEGIN POSITION:</b>	447
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b> RIGHT JUSTIFIED, ZERO FILLED IT IS UNDERSTOOD THAT A DECIMAL WILL BE PLACED BETWEEN THE SECOND AND THIRD POSITIONS FROM THE RIGHT. (EXAMPLE: 00000678961 WILL BE READ AS \$6789.61) COST DATA SHALL BE SUBMITTED ONLY UNDER THE "I" CODE TRANSACTION TYPE FOR THE WHOLE EPISODE OF CARE.
<b>VALID VALUES:</b>	'I' TRANSACTION TYPE 00000000001 - 99999999999

<b>DATA ELEMENT NAME:</b>	DATE OF RELATED ADMISSION
<b>DEFINITION:</b>	DATE OF ADMISSION FOR INPATIENT HOSPITAL CARE RELATED TO PROFESSIONAL SERVICES
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	34
<b>NOTES:</b>	<b>REQUIRED FOR INPATIENT PROFESSIONAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	YYYYMMDD

<b>DATA ELEMENT NAME:</b>	DATE OF RELATED DISPOSITION
<b>DEFINITION:</b>	DATE OF DISPOSITION FOR INPATIENT HOSPITAL CARE RELATED TO PROFESSIONAL SERVICES
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	42
<b>NOTES:</b>	<b>REQUIRED FOR INPATIENT PROFESSIONAL SERVICES ONLY</b>

<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	DEERS DEPENDENT SUFFIX
<b>DEFINITION:</b>	SUFFIX ASSIGNED AND MAINTAINED BY DEERS
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	29
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	00 = CONDITIONAL ENROLLED 01-19 = DEPENDENT CHILD 20 = SPONSOR 30-39 = SPOUSE OF SPONSOR 40-44 = MOTHER OF SPONSOR 45-49 = FATHER OF SPONSOR 50-54 = MOTHER-IN-LAW OF SPONSOR 55-59 = FATHER-IN-LAW OF SPONSOR 60-69 = OTHER ELIGIBLE DEPENDENTS 99 = OTHER OR UNKNOWN RELATIONSHIP
<b>DATA ELEMENT NAME:</b>	EMERGENCY FLAG
<b>DEFINITION:</b>	FLAG INDICATING EMERGENCY AMBULATORY CARE
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	33
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	Y = YES N = NO BLANK IS NOT A VALID VALUE
<b>DATA ELEMENT NAME:</b>	ENCOUNTER SETTING
<b>DEFINITION:</b>	SETTING OF PATIENT ENCOUNTER/EPISODE
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	5
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	I = INPATIENT PROFESSIONAL SERVICES O = OUTPATIENT PROFESSIONAL SERVICES H = HOSPITAL SERVICES
<b>DATA ELEMENT NAME:</b>	FACILITY ID
<b>DEFINITION:</b>	DMIS IDENTIFIER OF TDP ENTITY
<b>FIELD TYPE/LENGTH:</b>	Char ( 4 )
<b>BEGIN POSITION:</b>	1 (18 on Header Record)
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS (INCLUDING THE HEADER RECORD)</b>
<b>VALID VALUES:</b>	0198 = MARTIN'S POINT - PORTLAND, ME
<b>DATA ELEMENT NAME:</b>	FILE TYPE
<b>DEFINITION:</b>	FILE TYPE OF SUBMITTED DATA
<b>FIELD TYPE/LENGTH:</b>	Char ( 3 )

<b>BEGIN POSITION:</b>	1 (HEADER RECORD ONLY)
<b>NOTES</b>	<b>REQUIRED FOR HEADER RECORD ONLY</b>
<b>VALID VALUES:</b>	MCD = MANAGEMENT CLINICAL DATA
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES ADMISSION DATE
<b>DEFINITION:</b>	DATE OF HOSPITAL ADMISSION
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	306
<b>NOTES</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES ADMISSION SOURCE
<b>DEFINITION:</b>	INDICATES TYPE OF ADMISSION FOR THIS HOSPITAL STAY
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	315
<b>NOTES</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	SEE SECTION 6 OR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES ADMISSION TYPE
<b>DEFINITION:</b>	ADMISSION TYPE FOR HOSPITAL SERVICES STAY
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	314
<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	<p><b>1 = EMERGENCY:</b> THE PATIENT REQUIRES IMMEDIATE MEDICAL INTERVENTION AS A RESULT OF SEVERE, LIFE THREATENING OR POTENTIALLY DISABLING CONDITIONS. GENERALLY, THE PATIENT IS ADMITTED THROUGH THE EMERGENCY ROOM.</p> <p><b>2 = URGENT:</b> THE PATIENT REQUIRES IMMEDIATE MEDICAL INTERVENTION FOR THE CARE OF A PHYSICAL OR MENTAL DISORDER. GENERALLY, THE PATIENT IS ADMITTED TO THE FIRST AVAILABLE AND SUITABLE ACCOMMODATIONS. USE FOR MOTHERS WHO ARE DELIVERING.</p> <p><b>3 = ELECTIVE:</b> THE PATIENT'S CONDITION PERMITS ADEQUATE TIME TO SCHEDULE THE AVAILABILITY OF A SUITABLE ACCOMMODATION.</p> <p><b>4 = NEWBORN:</b> USE OF THIS CODE NECESSITATES THE USE OF SPECIAL SOURCE-OF-ADMISSION CODES (A - D). DO NOT USE FOR MOTHER.</p>
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES DISPOSITION DATE
<b>DEFINITION:</b>	DATE OF DISCHARGE FROM HOSPITAL
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	318
<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES DISPOSITION STATUS
<b>DEFINITION:</b>	STATUS OF PATIENT UPON DISCHARGE FROM THE HOSPITAL
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	316

<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	01 = DISCHARGE TO HOME OR SELF CARE 02 = DISCHARGE/TRANSFERRED TO ANOTHER SHORT-TERM GENERAL 03 = DISCHARGE/TRANSFERRED SKILLED NURSING FACILITY (SNF) 04 = DISCHARGE/TRANSFERRED TO AN INTERMEDIATE CARE FACILITY (ICF) 05 = DISCHARGE/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION 06 = DISCHARGE/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION 07 LEFT AGAINST MEDICAL ADVICE 08-09 = RESERVED FOR NATIONAL ASSIGNMENT 10-19 = DISCHARGED TO BE DEFINED AT STATE LEVEL, IF NECESSARY 20 = DECEASED 21-29 = DECEASED TO BE DEFINED AT STATE LEVEL, IF NECESSARY 30 = STILL A PATIENT 31-39 = STILL A PATIENT TO BE DEFINED AT STATE LEVEL, IF NECESSARY *40 = EXPIRED AT HOME *41 = EXPIRED IN A MEDICAL FACILITY; E.G., HOSPITAL, SNF, ICF, FREE STANDING HOSPICE *42 = EXPIRED - PLACE UNKNOWN 43-99 = RESERVED FOR NATIONAL ASSIGNMENT *FOR USE ONLY ON MEDICARE CLAIMS FOR HOSPICE CARE

<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES PATIENT PRINCIPAL PROCEDURE
<b>DEFINITION:</b>	CODE IDENTIFYING THE PRINCIPAL PROCEDURE PERFORMED DURING HOSPITAL STAY
<b>FIELD TYPE/LENGTH:</b>	Char ( 4 )
<b>BEGIN POSITION:</b>	371
<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	MOST CURRENT PROCEDURE CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE SECOND POSITION OR BLANK. IF THERE IS NOT A PROCEDURE CODE APPLICABLE TO THIS EPISODE OF CARE ENTER ZZZZ.
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES PATIENT PROCEDURE 2
<b>DEFINITION:</b>	CODE IDENTIFYING THE SECOND PROCEDURE PERFORMED DURING HOSPITAL STAY
<b>FIELD TYPE/LENGTH:</b>	Char ( 4 )
<b>BEGIN POSITION:</b>	375
<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	MOST CURRENT PROCEDURE CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE SECOND POSITION OR BLANK.
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES PATIENT PROCEDURE 3
<b>DEFINITION:</b>	CODE IDENTIFYING THE THIRD PROCEDURE PERFORMED DURING



	HOSPITAL STAY
<b>FIELD TYPE/LENGTH:</b>	Char ( 4 )
<b>BEGIN POSITION:</b>	379
<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	MOST CURRENT PROCEDURE CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE SECOND POSITION OR BLANK.
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES PATIENT PROCEDURE 4
<b>DEFINITION:</b>	CODE IDENTIFYING THE FOURTH PROCEDURE PERFORMED DURING HOSPITAL STAY
<b>FIELD TYPE/LENGTH:</b>	Char ( 4 )
<b>BEGIN POSITION:</b>	383
<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	MOST CURRENT PROCEDURE CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE SECOND POSITION OR BLANK.
<b>DATA ELEMENT NAME:</b>	HOSPITAL SERVICES PATIENT PROCEDURE 5
<b>DEFINITION:</b>	CODE IDENTIFYING THE FIFTH PROCEDURE PERFORMED DURING HOSPITAL STAY
<b>FIELD TYPE/LENGTH:</b>	Char ( 4 )
<b>BEGIN POSITION:</b>	387
<b>NOTES:</b>	<b>REQUIRED FOR HOSPITAL SERVICES ONLY</b>
<b>VALID VALUES:</b>	MOST CURRENT PROCEDURE CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE SECOND POSITION OR BLANK.
<b>DATA ELEMENT NAME:</b>	MAJOR SPEC/INST TYPE
<b>DEFINITION:</b>	IF PROFESSIONAL: PROVIDE MAJOR SPECIALTY IF HOSPITAL: TYPE OF INSTITUTION PROVIDING CARE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	409
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	SEE SECTION 7 AND SECTION 8 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	NUMBER OF SERVICES
<b>DEFINITION:</b>	NUMBER OF PROFESSIONAL SERVICES
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	71
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	1 - 6
<b>DATA ELEMENT NAME:</b>	ORDERING PHYSICIAN
<b>DEFINITION:</b>	PHYSICIAN WHO ORDERED ANCILLARY SERVICES, OR WHO REFERRED PATIENT FOR SPECIALTY OR INPATIENT CARE
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	62

<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	VALID UNIQUE PROVIDER ID NUMBER OR BLANK IF UNKNOWN
<b>DATA ELEMENT NAME:</b>	PATIENT DATE OF BIRTH
<b>DEFINITION:</b>	DATE OF BIRTH OF PATIENT
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	6
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 2
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	331
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 3
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT.
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	336
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT ASSUMED TO BE AFTER THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 4
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT.
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	341
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 5
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT.

<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	346
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 6
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT.
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	351
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 7
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT.
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	356
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 8
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT.
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	361
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT DIAGNOSIS 9
<b>DEFINITION:</b>	CODE CORRESPONDING TO ADDITIONAL CONDITIONS THAT CO-EXIST AT THE TIME OF ADMISSION OR DURING THE TREATMENT.
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	366
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL

	POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT NAME
<b>DEFINITION:</b>	FULL NAME OF PATIENT
<b>FIELD TYPE/LENGTH:</b>	Char ( 27 )
<b>BEGIN POSITION:</b>	420
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	LEFT JUSTIFIED, BLANK FILLED. MUST BEGIN WITH LAST NAME FOLLOWED BY FIRST NAME AND MIDDLE INITIAL, EACH SEPARATED BY A BLANK. EXAMPLE: DR. JOSEPH MARCUS JONES-STAFFORD III WOULD BE SUBMITTED AS JONES-STAFFORD_JOSEPH_M. THE DR. AND III ARE LEFT OFF, THIS DATA IS NOT REQUESTED. HYPHEN IS ACCEPTABLE; COMMA'S, PERIODS, AND SLASHES ARE NOT ACCEPTABLE, AND WILL CAUSE THIS FIELD TO ERROR.
<b>DATA ELEMENT NAME:</b>	PATIENT PRINCIPAL DIAGNOSIS
<b>DEFINITION:</b>	THE CONDITION ESTABLISHED, AFTER STUDY, TO BE CHIEFLY RESPONSIBLE FOR THE PATIENT TO HAVE OBTAINED MEDICAL CARE AS CODED IN THE MEDICAL RECORDS OR OTHERWISE INDICATED BY THE PROVIDER.
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	326
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION OR BLANK. SEE SECTION 9 FOR VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	PATIENT GENDER
<b>DEFINITION:</b>	GENDER OF PATIENT
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	19
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	M = MALE F = FEMALE
<b>DATA ELEMENT NAME:</b>	PATIENT ZIP CODE
<b>DEFINITION:</b>	ZIP CODE OF PATIENT'S RESIDENCE
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	14
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	UNITED STATES 00601 - 99950
<b>DATA ELEMENT NAME:</b>	PROVIDER ZIP CODE
<b>DEFINITION:</b>	ZIP CODE OF PROVIDER GIVING CARE AS INDICATED ON THIS RECORD
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	411
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>

<b>VALID VALUES:</b>	UNITED STATES: 006010000 - 999509999 OUTSIDE US OR UNKNOWN: 123456789
<b>DATA ELEMENT NAME:</b>	SERVICE 1 END DATE
<b>DEFINITION:</b>	LAST DATE PROVIDER PROVIDED SERVICE FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	80
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 1 PLACE OF SERVICE
<b>DEFINITION:</b>	TYPE SETTING IN WHICH PROVIDER DID THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	88
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	SEE SECTION 10 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	SERVICE 1 PROCEDURE CODE
<b>DEFINITION:</b>	CODE DESCRIBING THE PROCEDURE PERFORMED
<b>FIELD TYPE/LENGTH:</b>	Char ( 13 )
<b>BEGIN POSITION:</b>	90
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	VALID PHYSICIAN'S CURRENT PROCEDURE TERMINOLOGY (CPT-4), HCPCS LEVEL II CODE, OR AUTHORIZED REVENUE CENTER CODES AS APPROPRIATE. TWO ADDITIONAL SPACES PROVIDED FOR MODIFIER, IF APPLICABLE. BLANK IS NOT VALID. AT A MINIMUM YOU SHALL REPORT THE E/M CODE FOR OFFICE VISIT  SEE SECTION 9 FOR ADDITIONAL VALID CODES FOR HOME HEALTH SERVICES  IF THERE IS NOT A PROCEDURE CODE APPLICABLE TO THIS EPISODE OF CARE ENTER ZZZZZ, LEFT JUSTIFIED, BLANK FILLED.

<b>DATA ELEMENT NAME:</b>	SERVICE 1 QUANTITY
<b>DEFINITION:</b>	NUMBER OF DAYS OR UNITS. MOST COMMONLY USED FOR MULTIPLE VISITS, UNITS OF SUPPLIES, ANESTHESIA UNITS, OR OXYGEN VOLUME.
<b>FIELD TYPE/LENGTH:</b>	Char ( 3 )
<b>BEGIN POSITION:</b>	108
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	STANDARD GUIDELINES FOR HCFA 1500 FORM
<b>DATA ELEMENT NAME:</b>	SERVICE 1 RELATED DIAGNOSIS CODE
<b>DEFINITION:</b>	DIAGNOSIS OR RELATED SIGN, SYMPTOM, OR FINDING
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )

<b>BEGIN POSITION:</b>	103
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION.
<b>DATA ELEMENT NAME:</b>	SERVICE 1 START DATE
<b>DEFINITION:</b>	BEGIN DATE OF THE PROVIDER'S SERVICES FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	72
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 2 END DATE
<b>DEFINITION:</b>	LAST DATE PROVIDER PROVIDED SERVICE FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	119
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 2 PLACE OF SERVICE
<b>DEFINITION:</b>	TYPE SETTING IN WHICH PROVIDER DID THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	127
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	SEE SECTION 10 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	SERVICE 2 PROCEDURE CODE
<b>DEFINITION:</b>	CODE DESCRIBING THE PROCEDURE PERFORMED
<b>FIELD TYPE/LENGTH:</b>	Char ( 13 )
<b>BEGIN POSITION:</b>	129
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	VALID PHYSICIAN'S CURRENT PROCEDURE TERMINOLOGY (CPT-4), HCPCS LEVEL II CODE, OR AUTHORIZED REVENUE CENTER CODES AS APPROPRIATE. TWO ADDITIONAL SPACES PROVIDED FOR MODIFIER, IF APPLICABLE. BLANK IS VALID.  SEE SECTION 9 FOR ADDITIONAL VALID CODES FOR HOME HEALTH SERVICES
<b>DATA ELEMENT NAME:</b>	SERVICE 2 QUANTITY
<b>DEFINITION:</b>	NUMBER OF DAYS OR UNITS. MOST COMMONLY USED FOR MULTIPLE VISITS, UNITS OF SUPPLIES, ANESTHESIA UNITS, OR OXYGEN VOLUME.

<b>FIELD TYPE/LENGTH:</b>	Char ( 3 )
<b>BEGIN POSITION:</b>	147
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	STANDARD GUIDELINES FOR HCFA 1500 FORM
<b>DATA ELEMENT NAME:</b>	SERVICE 2 RELATED DIAGNOSIS CODE
<b>DEFINITION:</b>	DIAGNOSIS OR RELATED SIGN, SYMPTOM, OR FINDING
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	142
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION.
<b>DATA ELEMENT NAME:</b>	SERVICE 2 START DATE
<b>DEFINITION:</b>	BEGIN DATE OF THE PROVIDER'S SERVICES FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	111
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 3 END DATE
<b>DEFINITION:</b>	LAST DATE PROVIDER PROVIDED SERVICE FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	158
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 3 PLACE OF SERVICE
<b>DEFINITION:</b>	TYPE SETTING IN WHICH PROVIDER DID THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	166
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	SEE SECTION 10 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	SERVICE 3 PROCEDURE CODE
<b>DEFINITION:</b>	CODE DESCRIBING THE PROCEDURE PERFORMED
<b>FIELD TYPE/LENGTH:</b>	Char ( 13 )
<b>BEGIN POSITION:</b>	168
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	VALID PHYSICIAN'S CURRENT PROCEDURE TERMINOLOGY (CPT-4), HCPCS LEVEL II CODE, OR AUTHORIZED REVENUE CENTER CODES AS APPROPRIATE. TWO ADDITIONAL SPACES PROVIDED FOR MODIFIER, IF

	<p>APPLICABLE. BLANK IS VALID.</p> <p>SEE SECTION 9 FOR ADDITIONAL VALID CODES FOR HOME HEALTH SERVICES</p>
<b>DATA ELEMENT NAME:</b>	SERVICE 3 QUANTITY
<b>DEFINITION:</b>	NUMBER OF DAYS OR UNITS. MOST COMMONLY USED FOR MULTIPLE VISITS, UNITS OF SUPPLIES, ANESTHESIA UNITS, OR OXYGEN VOLUME.
<b>FIELD TYPE/LENGTH:</b>	Char ( 3 )
<b>BEGIN POSITION:</b>	186
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	STANDARD GUIDELINES FOR HCFA 1500 FORM
<b>DATA ELEMENT NAME:</b>	SERVICE 3 RELATED DIAGNOSIS CODE
<b>DEFINITION:</b>	DIAGNOSIS OR RELATED SIGN, SYMPTOM, OR FINDING
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	181
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION.
<b>DATA ELEMENT NAME:</b>	SERVICE 3 START DATE
<b>DEFINITION:</b>	BEGIN DATE OF THE PROVIDER'S SERVICES FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	150
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 4 END DATE
<b>DEFINITION:</b>	LAST DATE PROVIDER PROVIDED SERVICE FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	197
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 4 PLACE OF SERVICE
<b>DEFINITION:</b>	TYPE SETTING IN WHICH PROVIDER DID THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	205
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	SEE SECTION 10 FOR LIST OF VALID VALUES.
<b>DATA ELEMENT NAME:</b>	SERVICE 4 PROCEDURE CODE



<b>DEFINITION:</b>	CODE DESCRIBING THE PROCEDURE PERFORMED
<b>FIELD TYPE/LENGTH:</b>	Char ( 13 )
<b>BEGIN POSITION:</b>	207
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	VALID PHYSICIAN'S CURRENT PROCEDURE TERMINOLOGY (CPT-4), HCPCS LEVEL II CODE, OR AUTHORIZED REVENUE CENTER CODES AS APPROPRIATE. TWO ADDITIONAL SPACES PROVIDED FOR MODIFIER, IF APPLICABLE. BLANK IS VALID.  SEE SECTION 9 FOR ADDITIONAL VALID CODES FOR HOME HEALTH SERVICES.

<b>DATA ELEMENT NAME:</b>	SERVICE 4 QUANTITY
<b>DEFINITION:</b>	NUMBER OF DAYS OR UNITS. MOST COMMONLY USED FOR MULTIPLE VISITS, UNITS OF SUPPLIES, ANESTHESIA UNITS, OR OXYGEN VOLUME.
<b>FIELD TYPE/LENGTH:</b>	Char ( 3 )
<b>BEGIN POSITION:</b>	225
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	STANDARD GUIDELINES FOR HCFA 1500 FORM

<b>DATA ELEMENT NAME:</b>	SERVICE 4 RELATED DIAGNOSIS CODE
<b>DEFINITION:</b>	DIAGNOSIS OR RELATED SIGN, SYMPTOM, OR FINDING
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	220
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION.

<b>DATA ELEMENT NAME:</b>	SERVICE 4 START DATE
<b>DEFINITION:</b>	BEGIN DATE OF THE PROVIDER'S SERVICES FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	189
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD

<b>DATA ELEMENT NAME:</b>	SERVICE 5 END DATE
<b>DEFINITION:</b>	LAST DATE PROVIDER PROVIDED SERVICE FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	236
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD

<b>DATA ELEMENT NAME:</b>	SERVICE 5 PLACE OF SERVICE
<b>DEFINITION:</b>	TYPE SETTING IN WHICH PROVIDER DID THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	244
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	SEE SECTION 9 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	SERVICE 5 PROCEDURE CODE
<b>DEFINITION:</b>	CODE DESCRIBING THE PROCEDURE PERFORMED
<b>FIELD TYPE/LENGTH:</b>	Char ( 13 )
<b>BEGIN POSITION:</b>	246
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	VALID PHYSICIAN'S CURRENT PROCEDURE TERMINOLOGY (CPT-4) , HCPCS LEVEL II CODE, OR AUTHORIZED REVENUE CENTER CODES AS APPROPRIATE. TWO ADDITIONAL SPACES PROVIDED FOR MODIFIER, IF APPLICABLE. BLANK IS VALID.  SEE SECTION 9 FOR ADDITIONAL VALID CODES FOR HOME HEALTH SERVICES.
<b>DATA ELEMENT NAME:</b>	SERVICE 5 QUANTITY
<b>DEFINITION:</b>	NUMBER OF DAYS OR UNITS. MOST COMMONLY USED FOR MULTIPLE VISITS, UNITS OF SUPPLIES, ANESTHESIA UNITS, OR OXYGEN VOLUME.
<b>FIELD TYPE/LENGTH:</b>	Char ( 3 )
<b>BEGIN POSITION:</b>	264
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	STANDARD GUIDELINES FOR HCFA 1500 FORM
<b>DATA ELEMENT NAME:</b>	SERVICE 5 RELATED DIAGNOSIS CODE
<b>DEFINITION:</b>	DIAGNOSIS OR RELATED SIGN, SYMPTOM, OR FINDING
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	259
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION.
<b>DATA ELEMENT NAME:</b>	SERVICE 5 START DATE
<b>DEFINITION:</b>	BEGIN DATE OF THE PROVIDER'S SERVICES FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	228
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>

<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 6 END DATE
<b>DEFINITION:</b>	LAST DATE PROVIDER PROVIDED SERVICE FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	275
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SERVICE 6 PLACE OF SERVICE
<b>DEFINITION:</b>	TYPE SETTING IN WHICH PROVIDER DID THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	283
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	SEE SECTION 10 FOR LIST OF VALID VALUES.
<b>DATA ELEMENT NAME:</b>	SERVICE 6 PROCEDURE CODE
<b>DEFINITION:</b>	CODE DESCRIBING THE PROCEDURE PERFORMED
<b>FIELD TYPE/LENGTH:</b>	Char ( 13 )
<b>BEGIN POSITION:</b>	285
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	VALID PHYSICIAN'S CURRENT PROCEDURE TERMINOLOGY (CPT-4), HCPCS LEVEL II CODE, OR AUTHORIZED REVENUE CENTER CODES AS APPROPRIATE. TWO ADDITIONAL SPACES PROVIDED FOR MODIFIER, IF APPLICABLE. BLANK IS VALID.  SEE SECTION 9 FOR ADDITIONAL VALID CODES FOR HOME HEALTH SERVICES.

<b>DATA ELEMENT NAME:</b>	SERVICE 6 QUANTITY
<b>DEFINITION:</b>	NUMBER OF DAYS OR UNITS. MOST COMMONLY USED FOR MULTIPLE VISITS, UNITS OF SUPPLIES, ANESTHESIA UNITS, OR OXYGEN VOLUME.
<b>FIELD TYPE/LENGTH:</b>	Char ( 3 )
<b>BEGIN POSITION:</b>	303
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	STANDARD GUIDELINES FOR HCFA 1500 FORM
<b>DATA ELEMENT NAME:</b>	SERVICE 6 RELATED DIAGNOSIS CODE
<b>DEFINITION:</b>	DIAGNOSIS OR RELATED SIGN, SYMPTOM, OR FINDING
<b>FIELD TYPE/LENGTH:</b>	Char ( 5 )
<b>BEGIN POSITION:</b>	298
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	MOST CURRENT DIAGNOSIS CODE EDITION (ICD-9-CM). LEFT JUSTIFY

## ATTACHMENT J-4

	AND BLANK FILL. DO NOT CODE THE DECIMAL POINT. DECIMAL POINT IS ASSUMED TO BE AFTER THE THIRD POSITION.
<b>DATA ELEMENT NAME:</b>	SERVICE 6 START DATE
<b>DEFINITION:</b>	BEGIN DATE OF THE PROVIDER'S SERVICES FOR THIS PROCEDURE
<b>FIELD TYPE/LENGTH:</b>	Date ( 8 )
<b>BEGIN POSITION:</b>	267
<b>NOTES:</b>	<b>REQUIRED FOR BOTH INPATIENT AND OUTPATIENT PROFESSIONAL SERVICES</b>
<b>VALID VALUES:</b>	YYYYMMDD
<b>DATA ELEMENT NAME:</b>	SPONSOR SERVICE
<b>DEFINITION:</b>	SERVICE BRANCH OF PATIENT'S SPONSOR
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	32
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	A = ARMY F = AIR FORCE P = COAST GUARD I = NOAA L = LIGHTHOUSE KEEPER Z = OTHER N = NAVY M = MARINE CORP. E = PUBLIC HEALTH W = NATIONAL OCEANIC SERVICES
<b>DATA ELEMENT NAME:</b>	SPONSOR SOCIAL SECURITY NUMBER (SPONSOR SSN)
<b>DEFINITION:</b>	SOCIAL SECURITY NUMBER OF BENEFICIARY'S SPONSOR
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	20
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	000000001 - 999899999

<b>DATA ELEMENT NAME:</b>	SPONSOR STATUS
<b>DEFINITION:</b>	STATUS OF BENEFICIARY'S SPONSOR
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	31
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	A = ACTIVE DUTY B = RECALLED TO ACTIVE DUTY J = ACADEMIC STUDENT NAVY/OCS N = NAT'L GUARD V = RESERVE R = RETIRED I = PERMANENTLY DISABLED O = TEMPORARILY DISABLED S = UNREMARIED WIDOW W = TITLE III FUTURE RESERVE RETIREE K = DECEASED X = OTHER

<b>DATA ELEMENT NAME</b>	TAX ID OF PROVIDER ENTITY
<b>DEFINITION:</b>	9-DIGIT IDENTIFICATION NUMBER OF PROVIDER ENTITY.
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	391
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	SEE TDP ENROLLMENT AND CLINICAL REPORTING SPECIFICATIONS DOCUMENT FOR ILLUSTRATION OF RELATIONSHIP BETWEEN "UNIQUE PROVIDER ID NUMBER" AND "TAX ID OF PROVIDER ENTITY".

<b>DATA ELEMENT NAME:</b>	TRANSACTION TYPE
<b>DEFINITION:</b>	CODE TO INDICATE THE TRANSACTION TYPE OF THIS RECORD
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	458
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b> ON (D) AND (C) TRANSACTIONS THE RECORD MUST HAVE THE ORIGINALLY SUBMITTED "UNIQUE PATIENT REFERENCE ID NUMBER."  THE INITIAL (I) AND FOLLOWING (F) CODE RECORDS CONSTITUTE ONE RECORD. THE INITIAL SUBMISSION CORRESPONDING TO A "CLAIM" IN AN INSURANCE PROCESSING SENSE (ONE PATIENT, ONE PROVIDER, ONE OR MORE SERVICES).
<b>VALID VALUES:</b>	<b><u>I - INITIAL SUBMISSION.</u></b> THIS CODE IS USED FOR THE INITIAL SUBMISSION OF ANY TRANSACTION. IT MAY ALSO BE USED FOR RESUBMISSION OF CORRECTED DATA IF THE ORIGINAL SUBMISSION WAS DELETED BY SUBMISSION OF A DELETION RECORD.  <b><u>D - DELETE SUBMISSION.</u></b> THIS CODE MAY BE USED TO REVERSE PREVIOUSLY SUBMITTED RECORDS, INCLUDING WARNING, FATAL EDITS, AND THOSE RECORDS THAT PASSED ALL EDITS. THE REQUIRED FIELDS FOR A DELETION ARE THE FACILITY ID, UNIQUE PATIENT REFERENCE

	<p>ID AND THE TRANSACTION TYPE. BOTH (F) AND (I) CODE RECORDS WILL AUTOMATICALLY BE DELETED WITH THE SUBMISSION OF A SINGLE (D) RECORD. IT IS NOT NECESSARY TO SUBMIT ANY (F) RECORDS. IF YOU ALSO SUBMIT THE ENCOUNTER SETTING, ONLY THOSE RECORDS WITH THE FACILITY ID, UNIQUE PATIENT REFERENCE ID AND THAT ENCOUNTER SETTING WILL BE DELETED.</p> <p><b>C - CORRECTIVE SUBMISSION.</b> THIS CODE MAY BE USED TO MAKE CORRECTIONS ON PREVIOUSLY SUBMITTED RECORDS, INCLUDING WARNING, FATAL EDITS, AND THOSE RECORDS THAT HAVE PASSED ALL EDITS. ALL FIELDS SHOULD BE THE SAME AS ON THE ORIGINAL (I) AND (F) RECORDS, WITH THE EXCEPTION OF THE FIELD BEING CORRECTED. IF A (F) RECORD WAS SUBMITTED WITH THE ORIGINAL (I) RECORD, A (F) RECORD MUST BE SUBMITTED WITH THE C RECORD AS WELL. HOWEVER, IF THE CORRECTION WAS SUCH THAT THE (F) RECORD SHOULD NOT HAVE BEEN SUBMITTED, ALL FIELDS ON THE CORRECTING (F) RECORD MAY BE BLANK, WITH THE EXCEPTION OF THE UNIQUE PATIENT REFERENCE ID NUMBER. THIS WILL ELIMINATE THE F RECORD SUBMITTED WITH THE ORIGINAL (I) RECORD.</p> <p><b>F - FURTHER EPISODES SUBMISSION.</b> THIS CODE IS USED FOR OVERFLOW RECORDS WHEN A SINGLE EPISODE OF CARE DOES NOT FIT WITHIN A SINGLE RECORD (I.E. MORE THAN 6 OUTPATIENT OR PROFESSIONAL SERVICES ON A SINGLE CLAIM OR INVOICE). THE UNIQUE PATIENT REFERENCE ID NUMBER MUST BE THE SAME AS THE (I) RECORD.</p> <p>THE IDENTIFIERS THAT MUST BE ON A (F) CODE SUBMISSION IS THE FACILITY ID, ENCOUNTER SETTING, PATIENT DATE OF BIRTH, PATIENT ZIP CODE, PATIENT GENDER, SPONSOR SSN, DDS, AND UNIQUE PATIENT REFERENCE ID NUMBER.</p>
<b>DATA ELEMENT NAME:</b>	UNIQUE PATIENT REFERENCE ID NUMBER
<b>DEFINITION:</b>	UNIQUE CLAIM OR EPISODE OF CARE NUMBER
<b>FIELD TYPE/LENGTH:</b>	Char ( 12 )
<b>BEGIN POSITION:</b>	50
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	VALID CLAIM OR INVOICE ENCOUNTER, OR REFERENCE NUMBER THAT UNIQUELY IDENTIFIES THIS RECORD. EVERY TRANSACTION TYPE "I" RECORD WILL HAVE A SEPARATE "UNIQUE PATIENT REFERENCE ID NUMBER". ON DELETIONS (D) AND CORRECTIONS (C) THE RECORD WILL HAVE THE ORIGINALLY SUBMITTED "UNIQUE PATIENT REFERENCE ID NUMBER".

<b>DATA ELEMENT NAME:</b>	UNIQUE PROVIDER ID NUMBER
<b>DEFINITION:</b>	UNIQUE FACILITY PROVIDER ID NUMBER - MAINTAINED BY TDP
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	400
<b>NOTES:</b>	<b>REQUIRED FOR ALL DATA SUBMISSIONS</b>
<b>VALID VALUES:</b>	THIS FACILITY GENERATED PROVIDER ID NUMBER IS UNIQUE TO THE PROVIDER AND MUST MATCH THE NUMBER SUBMITTED ON THE PROVIDER DATA TAPE.

**SECTION 4 Provider Detail Data Record File**

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE
1	4	FACILITY ID	4	Char
5	13	TAX ID OF PROVIDER ENTITY	9	Char
14	14	AFFILIATION CODE	1	Char
15	15	INSTITUTION / NON-INSTITUTION	1	Char
16	55	PROVIDER FULL NAME	40	Char
56	85	PROVIDER STREET ADDRESS	30	Char
86	103	PROVIDER CITY	18	Char
104	105	PROVIDER STATE	2	Char
106	114	PROVIDER ZIP CODE	9	Char
115	116	1 <sup>ST</sup> MAJOR SPECIALTY / INST TYPE	2	Char
117	118	2 <sup>ND</sup> MAJOR SPECIALTY	2	Char
119	120	3 <sup>RD</sup> MAJOR SPECIALTY	2	Char
121	122	4 <sup>TH</sup> MAJOR SPECIALTY	2	Char
123	124	5 <sup>TH</sup> MAJOR SPECIALTY	2	Char
125	133	UNIQUE PROVIDER ID NUMBER OR THE PHARMACY NAPD NUMBER	9	Char
134	142	PROVIDER SSN	9	Char
143	148	PROVIDER UPIN	6	Char

**SECTION 5 Provider Detail Data File Layout Descriptions**

<b>DATA ELEMENT NAME:</b>	AFFILIATION CODE
<b>DEFINITION:</b>	AFFILIATION OF PROVIDER/PHARMACY TO TDP ENTITY
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	14
<b>VALID VALUES:</b>	C = CONTRACTED                      S = STAFF                      O = OTHER
<b>DATA ELEMENT NAME:</b>	FACILITY ID
<b>DEFINITION:</b>	DMIS IDENTIFIER OF TDP ENTITY
<b>FIELD TYPE/LENGTH:</b>	Char ( 4 )
<b>BEGIN POSITION:</b>	1 (18 on Header Record)
<b>VALID VALUES:</b>	0198 = MARTIN'S POINT - PORTLAND, ME
<b>VALID VALUES:</b>	PRV = PROVIDER DATA
<b>DATA ELEMENT NAME:</b>	INSTITUTION / NON-INSTITUTION
<b>DEFINITION:</b>	CODE INDICATING WHETHER PROVIDER/PHARMACY IS INSTITUTION OR NON-INSTITUTION
<b>FIELD TYPE/LENGTH:</b>	Char ( 1 )
<b>BEGIN POSITION:</b>	15
<b>VALID VALUES:</b>	I = INSTITUTION                      N = NON-INSTITUTION
<b>DATA ELEMENT NAME:</b>	1 <sup>ST</sup> MAJOR SPECIALTY / INST TYPE
<b>DEFINITION:</b>	IF NON-INST: PROVIDE MAJOR SPECIALTY IF INST: TYPE OF INSTITUTION PROVIDING CARE
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )

<b>BEGIN POSITION:</b>	115
<b>NOTES:</b>	
<b>VALID VALUES:</b>	SECTION 8 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	2 <sup>ND</sup> MAJOR SPECIALTY
<b>DEFINITION:</b>	IF NON-INST: PROVIDE MAJOR SPECIALTY
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	117
<b>NOTES:</b>	
<b>VALID VALUES:</b>	SECTION 8 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	3 <sup>RD</sup> MAJOR SPECIALTY
<b>DEFINITION:</b>	IF NON-INST: PROVIDE MAJOR SPECIALTY
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	119
<b>NOTES:</b>	
<b>VALID VALUES:</b>	SECTION 8 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	4 <sup>TH</sup> MAJOR SPECIALTY
<b>DEFINITION:</b>	IF NON-INST: PROVIDE MAJOR SPECIALTY
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	121
<b>NOTES:</b>	
<b>VALID VALUES:</b>	SECTION 8 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	5 <sup>TH</sup> MAJOR SPECIALTY
<b>DEFINITION:</b>	IF NON-INST: PROVIDE MAJOR SPECIALTY
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	123
<b>NOTES:</b>	
<b>VALID VALUES:</b>	SECTION 8 FOR LIST OF VALID VALUES
<b>DATA ELEMENT NAME:</b>	PROVIDER CITY
<b>DEFINITION:</b>	CITY WHERE PROVIDER/PHARMACY IS LOCATED.
<b>FIELD TYPE/LENGTH:</b>	Char ( 18 )
<b>BEGIN POSITION:</b>	86
<b>VALID VALUES:</b>	LEFT JUSTIFIED, BLANK FILLED
<b>DATA ELEMENT NAME:</b>	PROVIDER FULL NAME
<b>DEFINITION:</b>	FULL NAME OF PROVIDER/PHARMACY
<b>FIELD TYPE/LENGTH:</b>	Char ( 40 )
<b>BEGIN POSITION:</b>	16
<b>VALID VALUES:</b>	LEFT JUSTIFIED, BLANK FILLED.  IF THIS IS A PERSONS NAME IT MUST BEGIN WITH LAST NAME FOLLOWED BY FIRST NAME AND MIDDLE INITIAL, EACH SEPARATED BY A BLANK. EXAMPLE: DR. JOSEPH MARCUS JONES-STAFFORD III WOULD BE



	<p>SUBMITTED AS JONES-STAFFORD_JOSEPH_M. THE DR. AND III ARE LEFT OFF, THIS DATA IS NOT REQUESTED.</p> <p>IF THE PROVIDER IS AN INSTITUTIONAL, ENTER THE FACILITY NAME USING THE STANDARD ABBREVIATIONS SUCH AS 'HOSP' FOR HOSPITAL, 'ST' FOR SAINT, ETC.</p> <p>HYPHEN IS ACCEPTABLE; COMMA'S, PERIODS, AND SLASHES ARE NOT ACCEPTABLE, AND WILL CAUSE THIS FIELD TO ERROR.</p>
<b>DATA ELEMENT NAME:</b>	PROVIDER STATE
<b>DEFINITION:</b>	STATE WHERE PROVIDER/PHARMACY IS LOCATED.
<b>FIELD TYPE/LENGTH:</b>	Char ( 2 )
<b>BEGIN POSITION:</b>	104
<b>VALID VALUES:</b>	STANDARD U. S. POSTAL SERVICE 2-DIGIT ALPHA ABBREVIATION FOR STATE.
<b>DATA ELEMENT NAME:</b>	PROVIDER STREET ADDRESS
<b>DEFINITION:</b>	STREET ADDRESS WHERE PROVIDER/PHARMACY IS LOCATED.
<b>FIELD TYPE/LENGTH:</b>	Char ( 30 )
<b>BEGIN POSITION:</b>	56
<b>VALID VALUES:</b>	LEFT JUSTIFIED, BLANK FILLED USE STANDARD U. S. POSTAL SERVICE ABBREVIATIONS, E.G. "ST" FOR STREET, "AVE" FOR AVENUE, ETC.
<b>DATA ELEMENT NAME:</b>	PROVIDER SSN
<b>DEFINITION:</b>	THE PROVIDER'S SOCIAL SECURITY NUMBER
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	134
<b>VALID VALUES:</b>	CLINICAL PROVIDER - BLANK OR VALID 9-DIGIT SSN NUMBER. PHARMACY - BLANK.
<b>DATA ELEMENT NAME:</b>	PROVIDER UPIN
<b>DEFINITION:</b>	THE PROVIDER'S UPIN
<b>FIELD TYPE/LENGTH:</b>	Char ( 6 )
<b>BEGIN POSITION:</b>	143
<b>VALID VALUES:</b>	CLINICAL PROVIDER - BLANK OR VALID 6-DIGIT UPIN NUMBER. PHARMACY - BLANK.
<b>DATA ELEMENT NAME:</b>	PROVIDER ZIP CODE
<b>DEFINITION:</b>	ZIP CODE OF THE PROVIDER/PHARMACY GIVING CARE IS LOCATED

<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	106
<b>VALID VALUES:</b>	UNITED STATES: 006010000 - 999509999 OUTSIDE US OR UNKNOWN: 123456789
<b>DATA ELEMENT NAME:</b>	TAX ID OF PROVIDER ENTITY
<b>DEFINITION:</b>	9-DIGIT TAX IDENTIFICATION NUMBER OF PROVIDER ENTITY. USE CLINIC'S TAX ID WHEN CARE IS PROVIDED IN CLINIC SETTING. USE PHYSICIAN'S TAX ID IF CARE IS PROVIDED IN NON-CLINIC SETTING. USE PHARMACY TAX ID FOR PHARMACIES.
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	5
<b>VALID VALUES:</b>	SEE TDP ENROLLMENT AND CLINICAL REPORTING SPECIFICATIONS DOCUMENT FOR ILLUSTRATION OF RELATIONSHIP BETWEEN "PROVIDER NUMBER" AND "TAX ID OF PROVIDER ENTITY." USE TAX ID NUMBER 123456789 IF UNKNOWN.
<b>DATA ELEMENT NAME:</b>	UNIQUE PROVIDER ID NUMBER / PHARMACY NAPD NUMBER
<b>DEFINITION:</b>	FACILITY CREATED UNIQUE PRIMARY CARE PROVIDER ID NUMBER OR EACH PHARMACY'S NATIONAL ASSOCIATION OF PHARMACEUTICAL DOCTORS (NAPD) NUMBER
<b>FIELD TYPE/LENGTH:</b>	Char ( 9 )
<b>BEGIN POSITION:</b>	125
<b>VALID VALUES:</b>	THE FACILITY GENERATED PRIMARY CARE PROVIDER ID NUMBER IS UNIQUE TO EACH INDIVIDUAL PROVIDER <u>NO MATTER WHAT SETTING THE PROVIDER MAY WORK IN,</u> OR THE PHARMACY NAPD NUMBER. THE NAPD NUMBER IS TO BE RIGHT JUSTIFIED AND ZERO FILLED.

**SECTION 6 Health Services Admission Source**

CODE	HEALTH SERVICES ADMISSION SOURCE
1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer from a Hospital
5	Transfer from a Skilled Nursing Facility
6	Transfer from Another Health Care Facility
7	Emergency
8	Court/Law Enforcement
9	Information Not Available

**SECTION 7 Institution codes**

CODE	TYPE OF INSTITUTION CODES
10	General Medical and Surgical

11	Hospital Unit of an Institution (Prison Hospital, College Infirmary, etc.)
12	Hospital Unit within an Institution for the Mentally Retarded
22	Psychiatric Hospital or Unit
33	Tuberculosis and Other Respiratory Disease
44	Obstetrics and Gynecology
45	Eye, Ear, Nose, and Throat
46	Rehabilitation
47	Orthopedic
48	Chronic Disease
49	Miscellaneous
50	Children's General
51	Children's Hospital Unit of an Institution
52	Children's Psychiatric Hospital or Unit
53	Children's Tuberculosis and Other Respiratory Diseases
55	Children's Eye, Ear, Nose, and Throat
56	Children's Rehabilitation
57	Children's Orthopedic
58	Children's Chronic
59	Children, Other Specialty
62	Institution for Mental Retardation
70	Home Health Care Agency
71	Specialized Treatment Facility
72	Residential Treatment Center
73	Extended Care Facility
74	Christian Science Facility
75	Hospital-Based Ambulatory Surgery Center
76	Skilled Nursing Facility
78	Non-Hospital-Based Hospice
79	Hospital-Based Hospice
82	Alcoholism and Other Chemical Dependency
90	Cancer
91	Sole Community
92	Freestanding Ambulatory Surgery Center

**SECTION 8 Provider Major Specialty Codes**

CODE	PROVIDER MAJOR SPECIALTY
01	General Practice
02	General Surgery
03	Allergy
04	Otology, Laryngology, Rhinology
05	Anesthesiology
06	Cardiovascular Disease
07	Dermatology
08	Family Practice
10	Gastroenterology
11	Internal Medicine
13	Neurology
14	Neurological Surgery

16	Obstetrics/Gynecology
18	Ophthalmology
19	Oral Surgery (Dentists only)
20	Orthopedic Surgery
22	Pathology
24	Plastic Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
28	Proctology
29	Pulmonary Diseases
30	Radiology
33	Thoracic Surgery
34	Urology
35	Chiropractor, licensed
36	Nuclear Medicine
37	Pediatrics
38	Geriatrics
39	Nephrology
40	Neonatology
42	Nurses (RN)
43	Nurses (LPN)
44	Occupational Therapy (OTR)
45	Speech Pathologist/Speech Therapist
47	Endocrinology
48	Podiatry - Surgical Chiropody
50	Proctology and Rectal Surgery
51	Medical Supply Co.
57	Certified Prosthetist - Orthotist
59	Ambulance Service Supplier
60	Public Health or Welfare Agencies
61	Voluntary Health or Charitable Agencies
62	Psychologist (Billing Independently)
64	Audiologists (Billing Independently)
65	Physical Therapist (Independent Practice)
69	Independent Laboratory (Billing Independently)
70	Clinic or Other Group Practice
80	Anesthetist
81	Dietitian

82	Education Specialist
83	Nurse, Private Duty
84	Physician's Assistant
85	Social worker
86	Christian Science
90	Nurse Practitioner
91	Clinical Psychiatric Nurse Specialist
92	Midwife
93	Mental Health Counselor
94	Marriage and Family Counselor
95	Pastoral Counselors

96	Marriage and Family Therapist (valid only for Connecticut, Massachusetts, New Jersey, and New York)
97	M.S.W., A.S.W.
98	Optometrist
99	Facility Charges - use for Facility charges for outpatient services, (e.g., ambulatory surgery, hospital services)
BC	Birthing Centers/Rooms
BL	Blood Center
DT	Dental
EM	Emergency Medicine
HA	Home Health Care Agency
HH	Home Health Aide/Homemaker
HI	Home Infusion
HM	Hematology
ID	Infectious Disease
NT	Nutrition
OC	Oncology
PH	Pharmacist
RN	Rheumatology
TS	Transportation Services (Privately-Owned Vehicle

**SECTION 9 Supplemental Codes for Home Health Services**

RC57X	HOME HEALTH AIDE (Home Health)	
Charges made by a home health agency for personnel that are primarily responsible for the personal care of the patient.		
Fifth digit:	0 - General Classification	Aide/Home Health
	1 - Visit Charge	Aide/Home Health/Visit
	2 - Hourly Charge	Aide/Home Health/Hour
	9 - Other Home Health Aide	Aide/Home Health/Other

RC58X	OTHER VISITS (Home Health)	
Charges by a home health agency for visits other than physical therapy, occupational therapy, or speech therapy, which must be specifically identified. For physician home visits, use the appropriate Evaluation and Management CPT-4.		
Fifth digit:	0 - General Classification	Visit/Home Health
	1 - Visit Charge	Visit/Home Health/Visit
	2 - Hourly Charge	Visit/Home Health/Hour
	9 - Other Home Health Aide	Visit/Home Health/Other

RC59X	UNITS OF SERVICE (Home Health)	
Code used by a home health agency that bills on the basis of units of service.		
Fifth digit:	0 - General Classification	Unit/Home Health
	1 - Home Health Other Units	Unit/Home Health/Other

RC60X	OXYGEN (Home Health)	
Charges by a home health agency for oxygen equipment supplies or contents, excluding purchases equipment. (Note: Additional detailed codes are not applicable to the USFHP Program.)		
Fifth digit:	0 - General Classification	02/Home Health

**SECTION 10 Place of Service**

<b>CODE</b>	<b>PLACE OF SERVICE</b>
00	Unassigned
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
51	Inpatient Psychiatric Facility Partial Hospitalization
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility / Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Facility
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Center
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility
90	Pharmacy